



INITIAL APPLICATION REQUIREMENTS

BASIC LEVEL: To be eligible for certification, you must be 18 years of age and complete and submit an application:

- A completed application form marking initial certification in the application type section
- Copy of your Certificate of Course Completion for either the:
 - Arizona EMT-B course, or
 - Arizona EMT-B refresher, if you have current certification, licensure, NREMT registration, or NREMT re-registration eligibility at the EMT-B level or higher level.
- If applicable, a copy of each current EMT-Basic, EMT-Intermediate, or EMT-Paramedic certification, recertification, or licensure issued to you in another state or jurisdiction.
- If applicable, a copy of your current NREMT-Basic registration issued to you by the National Registry of Emergency Medical Technicians.

If you do not hold NREMT-Basic registration, you will also be required to pass the National Registry of Emergency Medical Technicians' NREMT-Basic Written Examination and gain NREMT-Basic registration before Arizona EMT-B Certification will be granted.

In Arizona, the Bureau of Emergency Medical Services administers the NREMT-Basic Written Examination. Therefore, upon receipt and acceptance of your application packet and a determination that you meet initial eligibility requirements, a customer service representative will assign a test date and location. If you wish to make a change to this assignment you will be required to contact us to reschedule the National Registry of Emergency Medical Technicians' Basic Written Examination. If you do not receive a confirmation of test date and location, you are required to contact the Bureau.

INTERMEDIATE LEVEL: To be eligible for certification, you must be 18 years of age and complete and submit an application marking initial certification in the application type section and include the following:

- A copy of your Certificate of Course Completion for either the Arizona EMT-I course **or** the Arizona ALS refresher, if you have current certification, licensure, NREMT registration, or NREMT re-registration eligibility at the EMT-Intermediate (99) or higher level.
- A copy of your current NREMT-Intermediate (99) registration issued to you by the National Registry of Emergency Medical Technicians.
- If applicable, a copy of each current EMT-Basic, EMT-Intermediate, or EMT-Paramedic certification, recertification, or licensure issued to you in another state or jurisdiction.

PARAMEDIC LEVEL: To be eligible for certification, you must be 18 years of age and complete and submit an application marking initial certification in the application type section and include the following:

- A completed application form marking initial certification in the application type section.
- A copy of your Certificate of Course Completion for either the Arizona EMT-P course **or** the Arizona ALS refresher, if you have current certification, licensure, NREMT registration, or NREMT re-registration eligibility at the EMT-Paramedic or higher level.
- A copy of your current NREMT-Paramedic registration issued to you by the National Registry of Emergency Medical Technicians.
- If applicable, a copy of each current EMT-Basic, EMT-Intermediate, or EMT-Paramedic certification, recertification, or licensure issued to you in another state or jurisdiction.

RECERTIFICATION APPLICATION REQUIREMENTS

BASIC LEVEL RECERTIFICATION

To be eligible for recertification, you must be 18 years of age and complete and submit an application before the date of expiration, marking recertification in the application type section and include one of the following:

- A copy of current NREMT-Basic Registration (expiration date must be after state certification expiration date); **or**
- An Arizona EMT-B Refresher Certificate of Course Completion signed by the training program director and showing course completion within your current certification period; **or**
- An Arizona EMT-B Refresher Challenge Examination Certificate of Completion signed by the training program director and showing completion within your current certification period.
- A copy of each current EMT-Basic, EMT-Intermediate, or EMT-Paramedic certification, recertification, or licensure issued to you in Arizona or another state or jurisdiction, if applicable.

INTERMEDIATE LEVEL RECERTIFICATION

To be eligible for recertification, you must be 18 years of age and complete and submit an application before the date of expiration, marking recertification in the application type section and include one of the following:

- A copy of current NREMT-Intermediate (99) Registration (expiration date must be after state certification expiration date); **or**
- A signed Continuing Education Affidavit.
- A copy of each current EMT-Basic, EMT-Intermediate, or EMT-Paramedic certification, recertification, or licensure issued to you in Arizona or another state or jurisdiction, if applicable.

PARAMEDIC LEVEL RECERTIFICATION

To be eligible for recertification, you must be 18 years of age and complete and submit an application before the date of expiration, marking recertification in the application type section and include one of the following:

- A copy of current NREMT-Paramedic Registration (expiration date must be after state certification expiration date); **or**
- A signed Continuing Education Affidavit.
- A copy of each current EMT-Basic, EMT-Intermediate, or EMT-Paramedic certification, recertification, or licensure issued to you in Arizona or another state or jurisdiction, if applicable.

ATTENTION

To be eligible for recertification, the Bureau of Emergency Medical Services must receive the application no more than 90 days prior to or no less than the date of certification expiration.

TEMPORARY CERTIFICATION APPLICATION REQUIREMENTS

An applicant for temporary certification may not practice as an EMT until the Arizona Bureau of Emergency Medical Services has issued Arizona certification. This includes individuals that hold current National Registry but who are not yet Arizona certified.

An individual who holds current NREMT registration, but does not have a certificate of refresher course completion signed by an approved Arizona training program designated for the level of practice, may apply for one temporary six-month EMT certification.

The Bureau will certify an applicant who meets the temporary certification requirements for six months, and will automatically certify an EMT who holds a six month certificate for an additional 18 months, if the EMT continues to hold current NREMT registration, and before the expiration of the six month temporary certificate, and obtains a certificate of refresher course completion from an approved Arizona training course provider. If the Bureau certifies an EMT who complies with these requirements a new certificate will be issued that will expire 24 months from the date the six-month certificate is issued.

To be eligible for certification, you must be 18 years of age and complete and submit an application marking temporary certification in the application type section and include the following:

- A copy of your current NREMT-Basic Registration issued to you by the National Registry of Emergency Medical Technicians.
- A copy of each current EMT-Basic, EMT-Intermediate, or EMT-Paramedic certification, recertification, or licensure issued to you in another state or jurisdiction, if applicable.

DOWNGRADE CERTIFICATION APPLICATION REQUIREMENTS

A certified INTERMEDIATE or PARAMEDIC level Emergency Medical Technician who is not under investigation by the Bureau, pursuant to A.R.S. § 36-2211, may apply for continued certification at a lower EMT level for the remainder of the certification period by completing and submitting an application marking downgrade certification in the application type section and include one of the following:

- A written statement from the INTERMEDIATE or PARAMEDIC EMT's administrative medical director attesting that the EMT is able to perform at the lower level of certification; or
- For an INTERMEDIATE or PARAMEDIC EMT applying for continued certification as an BASIC, an Arizona BASIC refresher certificate of completion or a BASIC refresher challenge examination certificate of completion signed by an approved refresher training program director.

A certified INTERMEDIATE or PARAMEDIC EMT who is not under investigation pursuant to A.R.S. § 36-2211 may apply for recertification at a lower level pursuant to R9-25-406.

In completing this application, the applicant must complete each required field as indicated in this instruction document in order for it to be considered complete. The information may be typed into this document and printed, or printed and completed in **BLACK** ink pen. The applicant is **REQUIRED** to submit all 6 pages of this application to one of the following Bureau offices:

PHOENIX

Certification Services
Bureau of EMS
150 N. 18th Ave., Suite 540
Phoenix, AZ 85007-3248
Phone: (602) 364-3186

TUCSON

Certification Services
Bureau of EMS
400 W. Congress, Suite 100
Tucson, AZ 85701-1353
Phone: (520) 628-6985

FLAGSTAFF

Certification Services
Bureau of EMS
1500 E. Cedar Ave., Suite 22
Flagstaff, AZ 86004-1642
Phone: (928) 774-2218

If REQUIRED fields are left blank, the application is considered to be deficient. If an application is deficient, the applicant will be notified of the deficiency explaining the corrective action required for processing in accordance with AAC R9-25-1201-B-1.

APPLICATION TYPE SECTION

The applicant is **required** to select one of the type of application fields by placing an “X” in the appropriate box indicating the type of application. AAC R9-25-404; R9-25-405(A); R9-25-406(A)

<input type="checkbox"/>	INITIAL APPLICATION	<input type="checkbox"/>	RE-CERTIFICATION APPLICATION	<input type="checkbox"/>	TEMPORARY CERTIFICATION	<input type="checkbox"/>	DOWN GRADE CERTIFICATION
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The applicant is **required** to select the appropriate box on the application, indicating the level of certification requested. Only one box may be marked.

<input type="checkbox"/>	BASIC	<input type="checkbox"/>	INTERMEDIATE	<input type="checkbox"/>	PARAMEDIC
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APPLICANT INFORMATION SECTION

The next section to be completed by the applicant is the applicant name section. The application requires the first, middle, and last name. Middle initials will be accepted. If the applicant name includes Jr., Sr., II, III; etc, this information will be placed in the last name field.

FIRST NAME	MIDDLE NAME	LAST NAME

APPLICANT INFORMATION SECTION

The next section to be completed by the applicant is the address for the applicant. In the “MAILING ADDRESS” field, that applicant is required to provide the mailing address that will be recorded as the official address of record. All correspondence will be sent to this address. If an applicant does not wish to have legal, enforcement, or regulatory documents mailed to an employer’s business address, the applicant should enter an appropriate address of record on the application.

MAILING ADDRESS	CITY	STATE	ZIP CODE

The next section to be completed by the applicant is the applicant’s telephone number information. The “HOME TELEPHONE NUMBER” field is designed to have the telephone number to reach the applicant at home. The “WORK TELEPHONE NUMBER” field is designed to indicate the number where the applicant is employed preferably the EMS provider where they are employed as an EMT. The “ALTERNATE TELEPHONE NUMBER” field is designed for a cell phone number, a fax number, a message number, or a relative’s number may be entered into this field. One telephone number is REQUIRED.

HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	ALTERNATE TELEPHONE NUMBER

APPLICANT INFORMATION SECTION

The next section to be completed by the applicant is the applicant's Identification information. The "SOCIAL SECURITY NUMBER" field is **REQUIRED** in accordance with AAC R9-25-404-A-1a. The "DRIVERS LICENSE NUMBER AND LICENSE STATE" fields are **OPTIONAL**. The "DATE OF BIRTH" field is a **REQUIRED** field.

SOCIAL SECURITY NUMBER	DRIVER LICENSE NUMBER	LICENSE STATE	DATE OF BIRTH

APPLICANT PROFESSIONAL CERTIFICATION SECTION

The next section to be completed by the applicant is the applicant's professional certification information. This set of fields is designed to obtain information as to the current status of an applicant's national registry. The yes and no questions are **REQUIRED** fields. If the applicant answers YES, the applicant is **REQUIRED** to mark one of the three practice levels; the applicant's assigned registry number, and expiration date must be entered in the appropriate fields.

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you hold a current registration from the National Registry of Emergency Medical Technicians?	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> PARAMEDIC	NUMBER	EXPIRATION DATE
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APPLICANT PROFESSIONAL CERTIFICATION SECTION

The next field to be completed by the applicant is the applicant's professional certification information related to the current status of an applicant's Arizona certification. The yes and no questions are **REQUIRED** fields. If the applicant answers YES, the applicant is **REQUIRED** to mark one of the three practice levels; the applicant's assigned certificate number, and expiration date must be entered in the appropriate field.

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you hold a current or had a prior Arizona certification as an Emergency Medical Technician?	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> PARAMEDIC	NUMBER	EXPIRATION DATE
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The next field to be completed by the applicant is the applicant's professional certification information related to any denial of an applicants Arizona certification. If the applicant answers YES, the applicant is **REQUIRED** to mark one of the three practice levels; the applicant must report which state denied a certification and the date of denial must be entered in the appropriate fields.

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you ever been denied certification as an Emergency Medical Technician in Arizona or any other state, if yes what level and when were you denied?	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> PARAMEDIC	STATE	DENIAL DATE
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APPLICANT COURSE INSTRUCTION SECTION

The next section to be completed by the applicant is the applicant's program course of instruction information. This set of fields is designed to obtain information as to completion of an approved course as defined in Rule. The yes and no questions are **REQUIRED** fields. If the applicant answers YES, the applicant is required to enter the name of the approved course provider and the date of graduation.

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	If you are applying for Initial Certification, have you completed an Arizona approved training program course of instruction for the level of certification for which you are requesting certification? If this does not apply to you then mark the box N/A to the left.	Course Provider	Graduation Date
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The next field in this section to be completed by the applicant is the applicant's refresher program course of instruction information. These sets of fields are designed to obtain information as to completion of an approved refresher course as defined in Rule. The yes and no questions are **REQUIRED** fields. If the applicant answers YES, the applicant is required to enter the name of the approved refresher course provider and the date of graduation.

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	If you are applying for recertification or temporary, have you completed an Arizona approved refresher training program course of instruction for the level of certification for which you are requesting certification? If this does not apply to you then mark the box N/A to the left.	Course Provider	Graduation Date
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APPLICANT BACKGROUND SECTION

The next section to be completed by the applicant is the applicant's background questions. This set of fields is designed to obtain basic initial information as to any criminal history background of the applicant as defined in Rule. The yes and no questions are **required** fields.

YES	NO	APPLICANT BACKGROUND QUESTIONS
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently incarcerated for a criminal offense?
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently on parole for a criminal conviction?
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently on supervised release for a criminal conviction?
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently on probation for a criminal conviction?
		Within 10 years before the date of filing this application, have you been convicted of any of the following crimes, or any similarly defined crimes, in Arizona or in any other state or jurisdiction, unless the conviction has been absolutely discharged, expunged, or vacated?
<input type="checkbox"/>	<input type="checkbox"/>	1 st or 2 nd degree murder?
<input type="checkbox"/>	<input type="checkbox"/>	Attempted 1 st or 2 nd degree murder?
<input type="checkbox"/>	<input type="checkbox"/>	Sexual assault?
<input type="checkbox"/>	<input type="checkbox"/>	Attempted sexual assault?
<input type="checkbox"/>	<input type="checkbox"/>	Sexual abuse of a minor?
<input type="checkbox"/>	<input type="checkbox"/>	Attempted sexual abuse of a minor?
<input type="checkbox"/>	<input type="checkbox"/>	Sexual exploitation of a minor?
<input type="checkbox"/>	<input type="checkbox"/>	Attempted sexual exploitation of a minor?
<input type="checkbox"/>	<input type="checkbox"/>	Commercial sexual exploitation of a minor?
<input type="checkbox"/>	<input type="checkbox"/>	Attempted commercial sexual exploitation of a minor?
<input type="checkbox"/>	<input type="checkbox"/>	Molestation of a child?
<input type="checkbox"/>	<input type="checkbox"/>	Attempted molestation of a child?
<input type="checkbox"/>	<input type="checkbox"/>	Dangerous crime against children (A.R.S. 13-604.01)?
<input type="checkbox"/>	<input type="checkbox"/>	Within five years before the date of filing this application, have you been convicted of any other felony in Arizona, or any other state or jurisdiction, unless the conviction has been absolutely discharged, expunged, or vacated?
<input type="checkbox"/>	<input type="checkbox"/>	Within five years before the date of filing this application, have you been convicted of a misdemeanor involving moral turpitude in Arizona, or any other state or jurisdiction, unless the conviction has been absolutely discharged, expunged, or vacated?

APPLICANT BACKGROUND SECTION

Although this question asks for multiple responses, if the applicant answers NO, the applicant does not need to complete the remainder of this question. If the applicant answers YES, the applicant is **required** to indicate one of the three practice levels; the applicant must report which state took the action and the date of that action entered in the appropriate fields.

YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever had a certification, license or registration as an Emergency Medical Technician in Arizona or any other state revoked or suspended? If yes provide what level, state, and date of the action.	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> PARAMEDIC	STATE	ACTION DATE
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The application continues with the two additional questions related to the applicant's criminal history. These sets of questions are also designed to obtain basic initial information as to any criminal history background of the applicant as defined in Rule. The yes and no questions are **REQUIRED** fields.

YES	NO	APPLICANT BACKGROUND QUESTIONS
<input type="checkbox"/>	<input type="checkbox"/>	Within two years before the date of filing this application, have you been convicted of a misdemeanor in Arizona or in any other state or jurisdiction, involving possession, use, administration, acquisition, sale, manufacture, or transportation of an intoxicating liquor, dangerous, or narcotic drug, unless the conviction has been absolutely discharged, expunged, or vacated?
<input type="checkbox"/>	<input type="checkbox"/>	Within two years before the date of filing this application, have you been convicted of a misdemeanor in Arizona or in any other state or jurisdiction, involving driving or being in physical control of a vehicle while under the influence of an intoxicating liquor, dangerous, or narcotic drug, unless the conviction has been absolutely discharged, expunged, or vacated?

APPLICANT BACKGROUND SECTION

As part of this instruction document, this set of questions conclude the questions designed to obtain basic information as to the capability of the applicant to perform as an emergency medical technician as defined in Statute. The yes and no questions are **REQUIRED** fields.

YES	NO	APPLICANT BACKGROUND QUESTIONS
<input type="checkbox"/>	<input type="checkbox"/>	Are you physically competent to provide emergency medical services as an emergency medical technician?
<input type="checkbox"/>	<input type="checkbox"/>	Are you mentally competent to provide emergency medical services as an emergency medical technician?

The next field of the application to be completed by the applicant is the applicant's affirmation and signature field.

I attest that all information provided in this application and / or any required supplemental forms and attached documents submitted to the Bureau are true and accurate.	<div style="border-top: 1px solid black; display: flex; justify-content: space-between;"> <i>Applicant Signature</i> <i>Date</i> </div>
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WARNING

THIS APPLICATION CONTINUES AFTER THIS SIGNATURE BOX. APPLICANTS ARE WARNED TO READ AND COMPLETE ALL SECTIONS OF THIS APPLICATION UNLESS THE SECTION INSTRUCTS OTHERWISE.

APPLICANT CRIMINAL HISTORY SECTION

The next field in the application to be reviewed by ALL APPLICANTS is the applicant's criminal history declaration field. The applicant is **REQUIRED** to enter a selection in one of the two fields shown below. If the applicant marks the field indicating, "HAVE **NOT ANSWERED YES** ", the applicant may proceed to Page 5 of the Application.

<input type="checkbox"/>	By checking the box to the left I declare I have NOT answered yes to any of the criminal history questions and therefore may PROCEED TO PAGE 5
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If the applicant marks the other box, shown below, indicating, "I HAVE ANSWERED YES", the applicant is **REQUIRED** to continue with the remainder of the application. One of the two fields are required to hold a marked selection, if both fields are left blank, the application is considered to be deficient.

<input type="checkbox"/>	By checking the box to the left I declare I HAVE answered yes to a criminal history question and therefore required to complete the remaining criminal history questions.
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The next section to be completed by the applicant is the applicant's criminal history questions, designed to obtain additional information as to any criminal history background of the applicant as defined in Rule. The applicant is **REQUIRED** to complete the fields shown below.

What crime were you convicted of?				
What is the date of your conviction?				
What was the criminal classification of your offense?	<input type="checkbox"/> PETTY OFFENSE	<input type="checkbox"/> MISDEMEANOR	<input type="checkbox"/> FELONY	<input type="checkbox"/> UNKNOWN

APPLICANT CRIMINAL HISTORY SECTION

The next section to be completed by the applicant is the arresting agency information. The applicant is required to provide the name of the arresting agency, which includes locator information; citation and report numbers to allow the enforcement section to better investigate the circumstances surrounding the incident provided. The applicant is **REQUIRED** to complete the fields shown below.

Provide the name of the arresting police agency.				
MAILING ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NUMBER	TRAFFIC CITATION NUMBER		POLICE REPORT NUMBER	

The next section to be completed by the applicant is the court information. The applicant is required to provide the name of the convicting court, which includes locator information, court docket and case numbers to allow the enforcement section to better investigate the circumstances surrounding the incident provided. The court docket is a number assigned by the court to identify the case. This docket number may also be known as the court case number. Depending on the court of jurisdiction, the court may only have one or the other, but some courts may have both. Therefore, these two fields are **optional** only to the extent that **the applicant must complete one of the two.**

Provide the name of the court in which you were convicted.			
MAILING ADDRESS		CITY	STATE
TELEPHONE NUMBER	COURT DOCKET NUMBER	CASE NUMBER	

APPLICANT CRIMINAL HISTORY SECTION

The next section to be reviewed by the applicant is the sentencing information. The applicant is required to provide information related to the court's sentence for the conviction. The application allows for the applicant to enter "NOT APPLICABLE" to any of the questions that did not apply to the court's sentence. Therefore, the N/A fields are **optional** only to the extent that **the applicant must complete one of the two.**

If you were sentenced to a jail term, enter the days in jail in this section.	<input type="checkbox"/> N/A	
If you were sentenced to a fine, enter the amount of the fine in this section.	<input type="checkbox"/> N/A	
If you were sentenced to pay restitution, enter the amount in this section.	<input type="checkbox"/> N/A	
If you were sentenced to community service, enter the number of hours in this section.	<input type="checkbox"/> N/A	
If you were sentenced to counseling, enter the number of hours in this section.	<input type="checkbox"/> N/A	
If you were sentenced to attend group sessions, enter the number of sessions in this section.	<input type="checkbox"/> N/A	

The next section to be completed by the applicant is the probation section. The applicant is required to provide information related to the court's sentence of probation. The application allows for the applicant to enter "NOT APPLICABLE" to this section if it did not apply to the court's sentence. Therefore, the N/A field is **optional** only to the extent that **the applicant must mark one of the appropriate boxes.**

If you were sentenced to probation, enter the length of probation in months in this section.		<input type="checkbox"/> N/A	
Indicate the type of your probation in this section.	<input type="checkbox"/> SUPERVISED	<input type="checkbox"/> UNSUPERVISED	<input type="checkbox"/> SUMMARY
Indicate the length of your probation in this section.	START DATE		FINISH DATE
Provide the name of your probation officer in this section.	<input type="checkbox"/> N/A		
Provide the telephone number for your probation officer in this section.	<input type="checkbox"/> N/A		

APPLICANT CRIMINAL HISTORY SECTION

The next section to be completed by the applicant is the parole information section. The applicant is required to provide information related to any term of parole. The application allows for the applicant to enter "NOT APPLICABLE" to this section if it did not apply. Therefore, the N/A field is **optional** only to the extent that **the applicant must mark one of the appropriate boxes.**

If you were sentenced to parole, enter the length of parole in months in this section.		<input type="checkbox"/>	N/A
Indicate the type of your parole in this section.	<input type="checkbox"/>	SUPERVISED	<input type="checkbox"/>
Indicate the length of your parole in this section.		START DATE	FINISH DATE
Provide the name of your parole officer in this section.	<input type="checkbox"/>	N/A	
Provide the telephone number for your parole officer in this section.	<input type="checkbox"/>	N/A	

AUTHORIZATION FOR RELEASE OF INFORMATION WAIVER

If the applicant has no criminal history, the applicant will mark the box as shown below then proceed to page 6. **The applicant must mark one of the appropriate boxes.**

<input checked="" type="checkbox"/>	By checking the box to the left I declare I have NOT answered yes to any of the criminal history questions and therefore may PROCEED TO PAGE 6
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If the applicant has marked the box indicating that the applicant has a criminal history, the applicant is required to complete the criminal history information on Pages 3, 4 and the waiver on page 5 of the application before proceeding to page 6. The applicant shall place a ☒ in the box as shown below. **The applicant must mark one of the appropriate boxes.**

<input checked="" type="checkbox"/>	By checking the box to the left I declare I HAVE answered yes to a criminal history question and therefore REQUIRED to complete this page before continuing to the next page. This page must be signed and notarized.
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The next section to be completed on the criminal information waiver page is the applicant name section. The application requires the first, middle, and last name. Middle initials will be accepted. If the applicant name includes Jr., Sr., II, III; etc, this information will be placed in the last name field.

APPLICANT FIRST NAME	APPLICANT MIDDLE NAME	APPLICANT LAST NAME

The next section to be completed by the applicant is the applicant's Identification information. The "SOCIAL SECURITY NUMBER" field is **REQUIRED** as Arizona Administrative Code R9-25-404-A-1(a) requires it for verification and administrative purposes. The "DRIVERS LICENSE NUMBER AND LICENSE STATE" fields are **OPTIONAL**. The "DATE OF BIRTH" field is a **REQUIRED** field.

SOCIAL SECURITY NUMBER	DRIVER LICENSE NUMBER	LICENSE STATE	DATE OF BIRTH

The next field of the application to be completed by the applicant is the applicant's affirmation and signature field. If this **REQUIRED** field is left blank, the application is considered to be deficient.

My signature authorizes the Bureau of Emergency Medical Services Investigators to obtain information described above for the purpose of processing my application.		
	<i>Applicant Signature</i>	<i>Date</i>

RECERTIFICATION CONTINUING EDUCATION DECLARATION SECTION

The last page of the application is related to recertification for the Intermediate or Paramedic levels only. If the applicant is not applying for recertification of either of these EMT levels, the applicant will place an ☒ in the box as shown below and the application is complete.

<input checked="" type="checkbox"/>	By checking the box to the left I declare I am NOT applying for recertification as an Intermediate or Paramedic therefore, I DO NOT have to complete this page and you are at the end of the application.
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If the applicant is applying for recertification of the Intermediate or Paramedic levels, the applicant will place an ☒ in the box as shown below and proceed to the next field.

<input checked="" type="checkbox"/>	By checking the box to the left I declare I am applying for recertification of my intermediate or paramedic certification therefore, I am REQUIRED to complete this page.
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The next section to be completed on this page is the applicant name section. The application requires the first, middle, and last name. Middle initials will be accepted. If the applicant name includes Jr., Sr., II, III; etc, this information will be placed in the last name field. If a field is blank, the application is considered to be deficient.

APPLICANT FIRST NAME	APPLICANT MIDDLE NAME	APPLICANT LAST NAME

The next section to be completed by the applicant is the applicant's Identification information. The "SOCIAL SECURITY NUMBER" field is **REQUIRED** in accordance with AAC R9-25-404-A-1(a).

SOCIAL SECURITY NUMBER	ARIZONA CERTIFICATION NUMBER	Intermediate <input type="checkbox"/>	Paramedic <input type="checkbox"/>

The next field to be completed is the Arizona certification number. The applicant will enter the last assigned certification number, as shown below, which can be found on the Arizona certification card issued by the Bureau. If this **REQUIRED** field is left blank, the application is considered to be deficient.

SOCIAL SECURITY NUMBER	ARIZONA CERTIFICATION NUMBER	Intermediate <input type="checkbox"/>	Paramedic <input type="checkbox"/>

The next field to be completed is the applicant's current level of certification. The applicant will place an ☒ in the box as shown below to indicate that level. Only one box may be selected. If this **REQUIRED** field is left blank, the application is considered to be deficient.

SOCIAL SECURITY NUMBER	ARIZONA CERTIFICATION NUMBER	Intermediate <input type="checkbox"/>	Paramedic <input type="checkbox"/>

The last field of the application to be completed by the applicant is the applicant's affirmation and signature field. If this **REQUIRED** field is left blank, the application is considered to be deficient.

I attest that all information provided in this application submitted to the Bureau are true and accurate, and that I have and will maintain for Department review documentation verifying completion of the continuing education required under R9-25-406(C).		
	<i>Applicant Signature</i>	<i>Date</i>

END OF APPLICATION